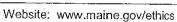
Office: 242 State Street, Augusta, Maine



Phone: 207-287-4179 Fax: 207-287-6775



2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

LEGISLATOR INFORMAT	
LEGISLATOR INFORMAT	
Name	Member of:
WALTER A WHEELER SR	☐ House ☐ Senate
Mailing address	District
46 ROGERS ROAD City, zip code	15/
	Phone 10 C 11 C
KITTERY, ME. 03904	207-439-2693
PART 1. INCOME DERIVED FROM EMPLO	#####################################
List the name and address of each employer from whom you received principal type of economic activity of each employer.	d compensation of \$1,000 or more. Specify t
Name of Employer Address	Principal Type of Economic Activity of Employer
RETIRED FROM KITTER NAVY YARD SOCIAL SECURITY	Y,ME.
SOCIAL SECURITY	
PART 2. INCOME DERIVED FROM SEL (For Legislators who are self-em	
A. List the name and address of your business, if any, and list the moderived income. If associated with a partnership, firm, professional assureas of economic activity of that entity.	najor areas of economic activity from which yo ociation, or similar business entity, list the maj
	Economic Activity elf) Major Areas of Economic Activity (partnership, association or similal business entity)
dame:	
ddress:	A
ame:	manna a seria di Lauria da Caramana di Bandara di Salamana di Salamana di Salamana di Salamana di Salamana di S Salamana di Salamana di Sa
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	PART 2 (continued). INCOME DERIVED I (For Legislators who are self-		YMENT
is greater, and specify t disclosure is prohibited	ncome derived from self-employment that represents he principal type of economic activity of the entity or by law, rule, or an established code of professional on whom the income was derived.	more than 10% of your person from whom you	derived such income. If this form of
	Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	f		
Address:		NT	
Name:	·		
Address			
	PART 3. MAJOR AREAS O (For Legislators who are attorney	s-at-law only.)	
List your major areas of	practice. If associated with a law firm, list the major	The state of the s	Martin in the contract of the
	Name and Address of Firm	Major Areas of Pra (self)	Market the latest territor of the
Name:		N.A.	,
Address:		1/4//	
Name: Address:			
	PART 4. OTHER SOURCES	OFINCOME	
List each source of inco	me of \$1,000 or more <u>not listed</u> in Parts 1, 2, or 3 of	Control and the Control and Control and the Control and Contro	e gifts. If none, check the box.
☐ None			
	Name and Address of Source		Kind of Income (investments, leases, etc.)
Name:	N 9 2		
Address:	/ // // //		
Name:			
Address:			
	PART 5. REPORTABLE L	IABILITIES	
	ors for any <u>unsecured</u> loans of \$3,000 or more that ity of each creditor. Do not list loans from a relative.		reporting period, and list the major
None			
	Name and Address of Creditor	Accordance with the control of the c	Principal Type of Economic Activity of Creditor
Name:			•
Address:			; ; m=m=men+4 = 2 = 1,2 = 2 de district continuo mensoraria necessaria de compressione en proprio de districto d
Name:			
Address: .			<u> </u>
Link the annual of the second	PART 6. REPORTABL	1 AE 1	#h #2000 f
none, check the box	of each gift of more than \$300. Include gifts with an	aggregate value of more	than \$300 from a single source. If
None	one of Source of City	THE STATE OF THE S	Course of Oid
1.	ame of Source of Gift 3.	Name of S	Source of Gift
2.	4.	The second secon	nn ann an an ann an an an an an an an an

P ₁	3 2 3
PART 7. REPORTA	
List the source of any honoraria accepted for appearances or speech	ies related to your official duties. If none, check the box.
None	Company of the compan
Name of Source of Honoraria	Name of Source of Honoraria
1.	3.
2.	4.
PART 8. REPRESENTATION E	DEFORE STATE ACCUCIO
List each executive branch agency before which you represented or	
me pox.	assisted others for compensation of any amount. If none, on
None	
Name of Agency	Name of Agency
1.	3.
2.	4.
PART 9. BUSINESS WIT	TH STATE AGENCIES
List each executive branch agency to which you or a member of your \$1,000 during the reporting period. If none, check the box.	
None	\$
Name of Agency	Name of Agency
1,	3.
2.	4.
PART 10. INCOME RECEIVED BY MI	
List the type of economic activity representing each source of income (ren) during the reporting period and the kind of income represented. "D" for income received by dependents.	e of \$1,000 or more received by your spouse or dependent ob
Type of Economic Activity Representing Source of Income Receive	Circle ed appropriate Kind of Income letter
1. AYON REPRESENTATIVE	S D
2. SOCIAL SECURITY	S D
3.	. S D
4.	S D
SIGNATI	URE
A Legislator who willfully fails to file a required statement is subject (1 M.R.S.A. § 1017-A)	ect to a fine of \$10 per business day until the report is file
The intentional filing of a false statement is a Class E crime. If the willfully filed a false statement, it shall refer its findings of fact to the	re Commission concludes that it appears that a Legislator h

If the Commission determines that a Legislator has willfully failed to file a required statement or has willfully filed a false statement, the Legislator shall be presumed to have a conflict of interest on every question and shall be precluded from voting on any question in committee or in either branch of the Legislature, and shall not attempt to influence the outcome of any question. (1 M.R.S.A. § 1019)

(. N. Keelen Sv. Signature

1-8-08 Date

NAME:	DATE:
ADDRESS:	
, A. S.	ADDITIONAL INFORMATION
Please provide information you	any additional information below (and on additional sheets if needed). Indicate the part or section number for the are providing.
Part/Section Number	
and the second	The content of the co
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-	
•	